

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/12/2017 10:33
Date Of Accident	26/12/2017 08:45
Exact Location Of Accident	BLK 5 DELTA AVENUE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP650Y
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Insured/Policyholder

Name Of Registered Owner	HWEE HON FAI
NRIC No	S8326849B
Email Address	CHERRIELIEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98516650
Alternative Phone No	OTHERS-93899081

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
Exact Purpose for which vehicle was being used at time of accident	SENT DAUGHTER TO MOTHER IN LAW PLACE B/F GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 28986558 SMF
Cover Note Number	

Driver

Name of Driver	LIEW GUAT TING
NRIC No	S8780170E
Date Of Birth	18/01/1987
Occupation	INDOOR
Date Of Driving Pass	31/03/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93899081
Fax Number	
Contact Number	OTHERS-98516650
Email Address	CHERRIELIEW@GMAIL.COM

Address	BLK 13 CANTONMENT CLOSE #26-29
Postcode	080013
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO P[OLICE REPORT T/20171226/2069 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	HWEE KWAI KUEN
Phone Number	98186273
Email Address	

Details of Witness 2

Name	HWEE HON LOONG
Phone Number	96345553
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6340Z
Vehicle Make/Model/Colour	SONATA I40

Details Of Properties

Vehicle Category	TAXI
Name of Driver	LEONG
NRIC/Passport Number	
Contact Number	98186028
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

I understand, acknowledge, agree and consent that:

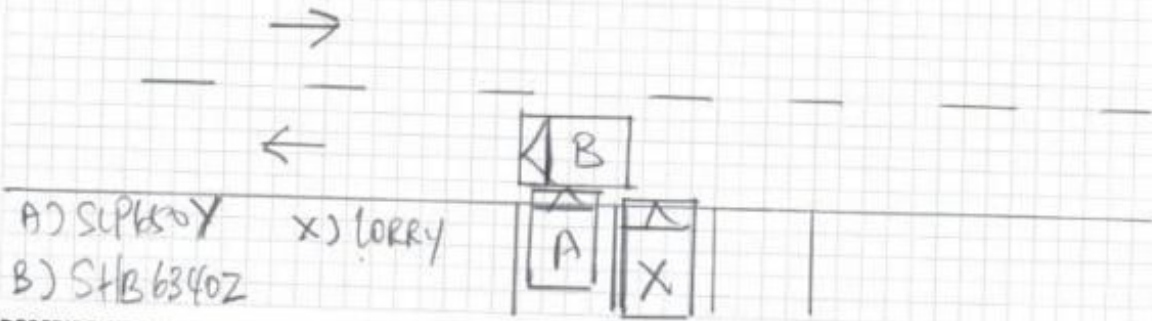
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Reporting Centre Personnel's Signature
Name: Roshni Wadhwa
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN

BIK 5 DECTA AVENUE CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to police report
7/20/7/226/2069

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171226/2069

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

1 of 3

Report No. T/20171226/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2017 13:46		Vide Report No.:		Station Diary No.: 55
Informant's Particulars				
Name of Informant: LIEW GUAT TING		Address: APT BLK 13 CANTONMENT CLOSE #26-29 SINGAPORE 080013		
ID Type / ID No.: NRIC NO / S8780170E		Contact No.: Home/Office: Mobile: 93899081		
Nationality: MALAYSIAN		Email:		
Sex: Female	Age: 30	Date of Birth: 18/01/1987	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: BANK EXECUTIVE		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/12/2017 08:45	Type of Location: Car Park
Location: Along Road 1 DELTA AVENUE Blk 5 Delta Avenue Carpark				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between moving and stationary- Head to side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6340Z	Car					0
SLP650Y	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171226/2069

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20171226/2069

CONTINUATION OF REPORT

Driver			
Name	LEONG	ID No.	NIL
Related Vehicle	SHB6340Z (Car)	Contact No.	98186028
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIEW GUAT TING	ID No.	S8780170E
Related Vehicle	SLP650Y (Car)	Contact No.	93899081
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/12/2017 at about 0842hrs, I was moving off from a parking lot at Block 5 Delta Avenue carpark. While moving off, I saw a Taxi oncoming as such I stop to allow the Taxi to pass. The Taxi drove pass and collided onto the front of my vehicle. I alighted and check the damages on my car, the registration plate and frame, scratches on the front bumper and parts of the bumper came off. After exchanging details the Taxi driver left.

Sketch Plan #5



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999



T/20171226/2069

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Report No. T/20171226/2069

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
A /
Sgt 1 LOO CHIN HWEE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168



Singapore Police Force

Signature Of Informant:

Date/Time:
26/12/2017 13:46

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S663500200 / GST Reg. No.: M40001733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA417170245 Vehicle Registration No: SUP 650Y
 Name (as shown in NRIC) : LEE GUAN TING NRIC/FIN/Passport No : S8780170K
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No.: 93899081
 Email Address : _____
 Date of Accident : 26/12/2012 Time of Accident : 08:45
 Place of Accident : BLK 5 DULGA AVENUE OPEN SPACE CARPARK
 Insurance Company : M&L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TIP CONTACT NUMBER TO 98186028

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Resfi WAB
 NRIC/FIN No.: 28/12/2012
 Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA417170245-01 Vehicle Registration No: SLP 650Y
Name (as shown in NRIC): LIAN GUAT TING NRIC/FIN/Passport No: S8780170E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 93899081
Email Address: _____
Date of Accident: 26/12/2017 Time of Accident: 08:45
Place of Accident: BLK 5 DULGA AVENUE, CPKN SPACE CARPARK
Insurance Company: MAG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

2 WITNESS NAME HUAKE KWAT KUAN - 98186273
HUAKE HOA LOONG - 96345513

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSELYN MAH
NRIC/FIN No.:
Date: 01/01/2017